

● 치은 판막수술후의 치유에 관한 임상적 연구

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全身的 疾患과 機能的 障害가 없고 齒周疾患 以外에 特別한 疾病이 없는 35~45才 男女 34名을 對象으로 上顎前齒部에서 齒周囊의 깊이가 3~6mm인 174個의 齒牙를 選定 齒石除去와 齒齦瓣膜手術을 實施하고 治癒過程을 1週日 間隔으로 觀察하여 齒齦烈溝滲出液의 量, 齒周囊 깊이, 齒根露出量을 測定 量的變化를 比較調査하여 다음과 같은 結論을 얻었다.

1. 齒齦烈溝滲出液의 量的變化는 齒石除去 1週 後 가장 크게 減少하였으며 齒齦瓣膜手術 3週 後부터 變化가 거의 없었다.
2. 齒周囊 깊이는 齒石除去 後의 變化가 거의 없는 반면 齒齦瓣膜手術 1週 後부터 큰 幅으로 減少하였다.
3. 齒根露出量은 齒齦瓣膜手術 1週 後에 가장 많은 減少가 있었다.
4. 齒齦瓣膜手術을 施行한 結果 齒周囊 減少는 齒石除去 1週 後와 6週 後와의 比較에서 平均 1.41±0.24mm이며 齒齦退縮量은 0.48±0.15mm, 齒齦再附着量은 0.93±0.33mm이었다.

● 치근활택술 처치후의 치근면 조도에 관한 연구

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齒周炎으로 因하여 拔去된 齒牙를 選別하여 齒根滑澤術에 使用되는 File, Curette, Ultrasonic instrument, Jaquette scaler로 齒根面을 處理하여 表面粗度を 測定하고 化學적으로 枸櫞酸液 pH 1.0溶液으로 處理한 齒根面의 粗度を 測定하여 研究한 結果 다음과 같은 結論을 얻을 수 있었다.

1. 齒根滑澤術 後의 齒根面 粗度は 超音波齒石除去器에서 21.05±4.13 μ 으로 가장 높았고 그 다음 枸櫞酸液 10分塗布群은 19.20±4.12 μ , 對照群은 18.41±4.35 μ , 枸櫞酸液 3分塗布群은 15.50±3.82 μ , 枸櫞酸液 1分塗布群은 14.87±3.61 μ , Jaquette scaler를 使用한 群이 12.90±2.24 μ , File를 使用한 群이 12.43±3.64 μ , Curette를 使用한 群이 7.77±2.03 μ 으로 Curette를 使用한 境遇가 가장 낮았다.
2. 그러나 超音波齒石除去器를 使用한 群과 枸櫞酸液 10分塗布群, 枸櫞酸液 10分塗布群과 對照群, File를 使用한 群과 Jaquette scaler를 使用한 群, Jaquette scaler를 使用한 群과 枸櫞酸液 1分塗布群, 枸櫞酸液 3分塗布群과 枸櫞酸液 1分塗布群 各各의 粗度사이에는 統計學的인 差異를 認定할 수 없었다.
3. 枸櫞酸液塗布群은 塗布時間이 길수록 粗度も 增加하였다.
4. 枸櫞酸液 齒根面 處置는 그 妥當性を 認定할 수 있다고 思料된다.

Correlation of sulcus bleeding index with gingival fluid flow, subgingival bacterial morphotype and histologic inflammation

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This study was undertaken to determine whether the sulcus bleeding index system is correlated with GCF flow, subgingival microbial morphotype and histologic inflammatory infiltration and the following conclusion was elicited.

1. As the SBI score increased, the GCF flow was increased significantly, but the difference between 2 adjacent scores within SBI was not significant.
2. There was increase in proportion of spirochetes and motile rods, and concomittant decrease in nonmotiles with increasing SBI score.
3. With the SBI score increased, histologic inflammatory infiltration increased in density and extent both on dental and oral aspects. Especially, SBI seems to reflect the microscopic inflammation on the dental aspect.

The result of the present study indicates that the SBI is effective for the early detection and evaluation of severity of gingival inflammation.

A clinical study on the wound healing following the periodontal flap operation

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This study was undertaken to observe clinically the healing process after the periodontal flap operation. Thirty four subjects were selected for determining the amount of gingival crevicular fluid, pocket depth, root exposure, and reattachment. They were checked at the following time interval.

First visit, 1 week after scaling, and every 1 week after periodontal flap surgery for 6 weeks. The results were as follows.

1. The amount of gingival crevicular fluid was reduced very prominently after scaling and there were a little changes since then 3 weeks after surgery.
2. The depth of periodontal pocket was reduced after 1 week of surgrery singificantly($P < 0.001$) but there were a little changes after scaling.
3. The amount of root exposure was reduced very prominently after 1 week of surgery.
4. The reduction of periodontal pocket, the increase of gingival recession, and the amount of reattachment at 6 weeks after flap operation were $1.41 \pm 0.24\text{mm}$, $0.48 \pm 0.15\text{mm}$ and $0.93 \pm 0.33\text{mm}$ respectively.